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Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—RUSKIN.

Original Communications.

A CASE OF CANCER OF THE STOMACH—WITH REMARKS.

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Malignant disease of the stomach is surely met with frequently enough, but the obscurity which shrouds its earlier stages, the inevitably fatal result which closes the often long and hard-fought battle against death have ever invested this malady with interest. The literature on this subject is far from scant, yet there are some points in the clinical history of gastric cancer which have been left comparatively undeveloped, and the infinite variety in the grouping of the symptoms causes the clinician to approach each new case in a spirit of eager inquiry and with undiminished interest. These thoughts have induced the publication of the following case, and may perhaps serve as sufficient justification:

Christian ——— aged sixty years, married, born in Hanover, Germany, carpenter by trade, consulted me on the 23d of March, 1884. He had been ailing for the past six months, and had been unable to do any work during this time. He

had little by little lost appetite until there was complete anorexia. During the last five months he had been steadily losing flesh and weight. Vomiting was not present at first, and set in only about a month prior to the time when he first consulted me. He complained of deep, constant, burning pain in the epigastrium. This pain was always aggravated by eating, when it became especially severe.

Nothing could be learned of his family history beyond this, that his father had died, aged seventy-two years, that the disease was unknown, and that his mother had died of uterine cancer at the age of fifty-two years.

The patient, it appeared, had always been sober and industrious, having made use of alcohol only in the form of light wines or beer and with great temperance, and had been a very moderate consumer of tobacco.

Examination of the Patient. He was extremely pale, and quite reduced in flesh. He had the appearance of great debility, and complained of being very weak. There was complete anorexia, his breath was of a peculiarly offensive odor, and he was annoyed with flatulence, the flatus also being offensive to the smell. The bowels were habitually constipated, but no information obtained as to the color, consistency, and other properties of the evacuations. There was no fever; on the contrary the temperature was subnormal, and so remained throughout the remainder of his life. Pulse and respiration undisturbed; capillary circulation impaired. Emaciation was well marked, though not extreme, and exploration of the abdomen was not attended with any difficulty. There was tenderness over the pylorus, and on percussion dullness was elicited over the painful area. On practicing deep palpation the presence at this point of a well-defined, rather hard, movable tumor of moderate size was easily made out.

My diagnosis of cancer of the pylorus was confirmed by Dr. R. C. Hewett, who saw the patient in consultation a few days later. Strange to say, a conflicting opinion was expressed, I am

told, by several physicians who saw the patient both prior to and after our diagnosis had been made and communicated to the family. At this time the patient's mental condition was apparently normal. He insisted upon knowing the nature of his disease, and what were his chances of recovery. On being told as gently as possible what would be the inevitable issue, he manifested no emotion, but remarked, in course of conversation, that he wished Dr. Hewett and myself to make a post-mortem examination of his body.

Progress of the Case. I continued to see him from time to time, the intervals becoming more prolonged as the hopelessness of the case became more evident to the patient and his family. During this period he occasionally had other physicians summoned, but with no beneficial result. The tumor steadily increased in size. There was repeated vomiting of "coffee-grounds;" vomiting after food, and independent of eating, occurred irregularly and more rarely; food was taken in less and less amount, and at longer and longer intervals; emaciation became more marked, and the patient was reduced to an extreme degree of weakness.

With the development of more unfavorable symptoms and the general decline, a marked change took place in the patient's mental condition; he became silent and morose, would lie for hours without speaking; at other times he would be quite fretful and irritable. His judgment and affections seemed to influence his actions to a less extent than formerly, and he appeared to be controlled by sudden and unreasonable impulses. When first informed, at his own request, of the character and tendency of his disease he seemed calm and satisfied, and expressed his gratitude for our candor; but later on he was greatly displeased with me for having told him the truth, and absolutely refused to see me. This change of sentiment was sudden, and not preceded by any thing unpleasant in our intercourse with one another. Somewhat similar impulsive changes took place now and then with regard to members of his own family.

Toward the close he fell into a state of apathy, and finally

died, partly of coma and partly of asthenia, on the 8th of May, 1884. The autopsy was made by me the following day, in the presence of Dr. R. C. Hewett, with the assistance of my students, Alex. V. Griswold and W. G. Octerlony.

The body was exceedingly emaciated; post-mortem rigidity marked; numerous ecchymoses over anterior portion of the chest and abdomen and on dependent parts; the amount of subcutaneous adipose tissue in the abdominal wall much diminished; there was but little fat in omentum. The stomach was much dilated, and contained a large quantity of fluid resembling coffee grounds and some partially digested food. The pylorus was the seat of a tumor which completely surrounded it. Toward the duodenum the pyloric valve presented a sharply defined line of demarkation between morbid and normal tissue. But the neoplasm extended irregularly for some distance over the anterior and posterior walls of the stomach and also implicated both the lesser and greater curvature. The weight of the tumor had dragged down the pylorus some distance below its normal site and toward the median line. The stomach was thickened throughout. The mucous membrane was the seat of of catarrh and covered with large masses of glairy and ropy mucus. The tumor involved all the coats except the serous, and measured eight centimetres in length; its vertical diameter was about six centimetres. The thickness of the growth anteroposteriorly varied between two centimetres and five centimetres. On section it presented a rather fibrous structure, with here and there a honey-comb appearance, from which a clear gelatinous substance could be pressed out. A microscopic examination of the specimen was made by my friend and colleague, Professor H. A. Cottell, who kindly furnished me with a report, according to which the tumor consisted in part of a heavy fibrous stroma with alveoli of varying shapes and diameters. These alveoli were filled with large multinucleated cells. Other portions of the growth presented the characteristic features of colloid carcinoma. Hence Prof. Cottell regarded it as a case of scirrhous carcinoma with colloidal degeneration. The calibre of the pyloric orifice

was undoubtedly much diminished, but it was still pervious. Rigidity of the walls was more conspicuous than constriction of the tube. There were no secondary cancerous deposits in any other organ, and comparatively little evidence of consecutive inflammation in the neighborhood of the tumor, which was freely movable, and as already has been mentioned, was by its own weight dragged down to a point much nearer the median line and at a much lower point in the abdomen than its normal site. With the exception of a small, flabby heart and a congested condition of the kidneys, the other organs afforded nothing peculiar or important.

Remarks. The symptoms observed in this case were so striking and characteristic as to leave no doubt as to the nature of the disease. During its course the local symptoms were most distressing in the early period, but later on, when asthenia became more profound, the former became much mitigated. The combination of marked dilatation of the stomach with only moderate constriction of the pyloric orifice suggests that the great rigidity of this point may itself have been an obstacle to the passage of food, rather than the narrowness of the tube.

The co-existence of a marked catarrhal state of the gastric mucous membrane in cancer of this organ is, I believe the rule; I am sure I can recall no exception to it. Perhaps much of the mal-nutrition is often due to the catarrh rather than to the cancer, and I am strengthened in this belief by the improvement so frequently resulting from the regular and efficient washing out of the stomach and removing the masses of mucus which load, and obstruct its functions. Not only does this simple procedure relieve troublesome and distressing symptoms, but I am inclined to think the patient's life may thereby be considerably prolonged.

The symptoms referable to the nervous system in cases of cancer of the stomach are often quite strongly marked and may be of great importance. All writers on the subject of anæmia are agreed that an impoverished condition of the blood speedily produces nervous disturbances which frequently enough are both

varied and severe. Thus Austin Flint remarks, that "in anæmia the mental energy is diminished; persons are not adequate to the intellectual efforts of which they are capable in health. The strength of will and determination of purpose are impaired. . . . It (anæmia) induces a multiplicity of morbid phenomena arising from disordered action of the nervous system. The relations of the blood to the functional activity of the nervous system are strikingly shown in the morbid phenomena pertaining to the latter, which spring directly from morbid conditions of the former. The special relations between the red globules and the nervous system are shown by the phenomena incident to anæmia. These phenomena are numerous and diversified. The more frequent and prominent are as follows:

"Mental depression, anxiety respecting health, hypochondriasis, irritable temper, want of buoyancy and energy, etc.

". . . It sustains a causative relation to nearly all the functional affections of the nervous system embraced under the head of the neuroses."

This is a clear and strong presentation without an exaggeration, and it is quoted not only on account of the great weight attaching to any statement by Professor Flint, but because of the moderation with which it is put.

There is hardly a disease which so surely and so speedily interferes with the function of hæmatosis and brings about a state of anæmia as cancer of the stomach. Yet, in delineating the symptoms of this malady, authors have often overlooked the presence of nervous phenomena or given to them so inferior a place in the portrait, that many have failed to realize their importance.

The truth is that in cancer of the stomach, the symptoms referable to the nervous system are in direct proportion to the anæmia; and the latter is often extreme, the whole blood mass is greatly reduced. The number of red globules may be reduced to one million, or even half that number, in a cubic millimetre, and the proportion of hæmoglobin in the blood may be reduced to fifty or sixty per cent of the quantity. (W. H. Welch in Pep. Sys. Med., vol. ii, p. 552.)

It would be impossible for any one to see many cases of this disease without also observing the hebetude and mental enfeeblement and obscuration which so frequently mark its last stage, hence this is generally mentioned by systematic writers on the subject. Jaccoud remarks that in this disease the cause of death is most frequently exhaustion or, rather, inanition, and, then, there may be during the patient's last days the symptoms of delirium and of coma attributable to a hydrocephalia, or simply to anæmia of the brain. But the great French clinician was too keen and careful an observer to overlook the nervous phenomena of the earlier stage of gastric cancer. Hence he remarks (*Pathologie Interne*, vol. ii, p. 283) that "in the initial period of the disease there is a change in the patient's morale and character; he becomes sad, gloomy, irritable; he seeks solitude, and concerns himself about his condition." My own observations of cancer of the stomach correspond so nearly with those of M. Jaccoud, that I have for this very reason been surprised to find how little stress is laid by many writers upon the profound implication of the nervous system in this disease. The patient whose case has been related above furnishes an illustration of the alteration in mind and temper of which Jaccoud speaks, although here it occurred late instead of early. And if such simple anæmia may, as we know it does, produce such profound changes in both the central and peripheral nervous systems, is it not all the more likely that anæmia when associated with, and dependent upon organic disease of a vital organ would give rise to the same if not more pronounced intellectual and nervous disturbance. In this, as in a former publication, it has been my object to point out that careful clinical observation has confirmed what physiology proclaims and what analogy would lead us to expect.

Perversions of taste are not only common, but occur quite early. Brinton relates the case of a Polish nobleman with gastric cancer, who all at once lost his taste for tobacco, of which he had hitherto been exceedingly fond. My friend, Dr. S. Brandeis, of this city, has frequently called my attention to

the fact that persons with cancer of the stomach are apt to suddenly take up a great dislike to meat, even when they had in health been exceedingly partial to a meat diet.

The irregularities in temper are numerous and common. A sudden aversion to persons to whom the patient was formerly devoted is not rare. Changes in disposition are the rule, and silence, moroseness, and gloom often take the place of their very opposite qualities. Progressive mental enfeeblement and indisposition to intellectual pursuits keep pace with the increasing muscular waste and weakness, but may be out of proportion to the latter in either direction. Finally, when inflammation, perforation or hemorrhage is not the mode of termination, there are present the symptoms which have already been described as signalizing themselves at the close—apathy, low delirium, coma—all indicating the profound implication of the nervous centres.

Proceedings of Societies.

THE CHRISTIAN COUNTY KENTUCKY MEDICAL SOCIETY.

Periodic and Continued Fevers. Dr. Gaines read a paper on the above, to which he said belonged the very intractable forms of fever that have been endemic in the county during the past autumn. He considered the two diseases as different forms of the same disease; both the product of miasmatic influences, and both amenable to treatment by quinine. The continued form is doubtless the old-time "inflammatory or congestive bilious fever" which has, the past decade or so, assumed an adynamic type. The present adynamic, as was the old sthenic form, is invariably a sequel of simple malarial intermittent, or remittent fever, which has not been properly or promptly treated. It is not typhoid, as it has occasionally been denominated by the baffled physician. Typhoid fever is seldom seen in this county, and, as he believes, rarely in any malarial district. Typhoid fever can not be aborted, as this may be, by quinine.

The endemic fever which has prevailed here sets in soon after an attack of chills. Symptoms: Loss of appetite, languor, fretfulness, wakefulness, chilly sensations, hebetude and anxiety of expression; a creamy coating of the tongue, this subsequently becoming heavy and brown, the tip and edges red; slight cough; pulse 100 to 120 per minute; prominent headache often extending from the frontal eminences to the occiput, occasionally only on one side (this nervous phenomenon doubtless influences and may occasion some of the other symptoms, and furnishes an argument for the malarial character of the endemic, as it is known that malaria expends its effects mainly upon the nervous system); respiration is often of a sighing and interrupted character; diarrhea is frequently met with, sometimes constipation. Remission of all these symptoms, more or

less decided, takes place in from six to eight hours, through diaphoresis or diuresis, sometimes without these. This lasts from four to eight hours, when the symptoms will recur. The disease will usually disappear spontaneously in ten days without treatment; but a proper plan of management will eradicate it in from twenty-four to thirty-six hours. The following course has been quite successful in his hands: If the patient is seen during the exacerbation, give six or eight grains of calomel with four or six of Dover's powder; if the skin is very dry and headache prominent, add one or two grains of ipecac. Cups or leeches to the head are useful. When remission sets in give fifteen or twenty grains of quinine in one dose. If the fever has continued three or four days, it is good practice to administer quinine in small doses every three or four hours; when decided visceral engorgement exists combine the calomel with quinine, ipecac, or opium.

Dr. Fairleigh agrees with much said by Dr. Gaines, but gives from twenty to sixty grains of quinine, which generally, but not invariably, aborts the disease.

Dr. Dennis had frequently failed with large doses of quinine to influence the disease, which usually continued two or three weeks, and disappeared under simple treatment of symptoms as they exhibit themselves. The disease is not typhoid, and it is doubtful whether it is of a malarial character, as quinine has so little effect upon it. The malarial theory is supported by the fact that the trouble appears only when malarial diseases abound.

Dr. Dulin employed nitric acid with blisters to the abdominal surface with better effect than quinine.

Dr. Seargeant had relieved the disease, which was a bilious remittent, by keeping the patients cinchonized for two or three days, preceding this by diuretics and laxatives.

Dr. Marshall thought the disease was a remittent fever to which is superadded, by improper management, or chronicity, subacute internal congestion of some sort, notably of the intestinal mucous membrane, the brain and the lungs. Hemorrhage of the bowels is common in the disorder. He first relieves con-

gestion by diuretics, laxatives, and diaphoretics; afterward exhibiting quinine with the best effect. In an autopsy witnessed by him no involvement of Peyer's patches was found.

The President, Dr. Wheeler, advised the largest doses of quinine in the treatment of these fevers.

Gastric Ulcer. Dr. Eager reported the case of a patient who was a laborer, aged thirty-four years, and had been insane for eleven days. The cause of his insanity was a protracted debauch. No account of any other disease. He had fasted for several days, but this was attributed to a mental whim. He was greatly emaciated when first seen; pulse feeble and slow, generally under 60 per minute. A tonic of five grains of potassio-tartrate of iron in half tablespoonful each of good whisky and water was directed to be taken before each meal. He frequently complained of pain over the region of the stomach, which was thought to be due to excessive drinking. It was soon noticed that solid food was rejected by the stomach, when milk, beef-soup, and meat-juice were ordered. In something over two weeks he had apparently improved and was allowed wheaten bread. His trouble was then supposed to be gastric catarrh, and Fowler's solution and muriated tincture of iron each in small doses were ordered after Bartholow. On the night of February 1st he vomited food he had taken at supper, together with a half teacupful of blood. This was the only time blood was vomited, and not until then was ulcer suspected. Astringents were employed for a few days, and careful attention to nutrition was continued. The prominent symptoms in the case were constant hunger and sensation of starving, especially when restricted to a liquid diet, with pain over the stomach and emaciation. The patient grew rapidly worse after the hematemesis, emaciating to an extreme degree, and finally died, apparently of starvation.

The diagnosis was, of course, more difficult, on account of the inability of the patient to communicate reliable information. The doctor presented a section of the stomach obtained post-mortem, which exhibited the ulcer situate in the posterior wall

near the pylorus. Perforation had taken place, and adhesions had formed with the under surface of the liver.

Aphasia. Dr. Dennis introduced B., aged nineteen years, a native of Virginia, who gave the following account of his case to the Society. He had a severe spell of fever five months ago, which lasted for six weeks. One month of this period he was totally unconscious. When consciousness returned it was discovered that he was almost blind as well as deaf, and continued so for nearly a month. He has gradually recovered these faculties and now his hearing and vision are good. He thinks he walks more clumsily than before his illness. Only a slight shuffling is observable in his gait. He maintains his equilibrium with his eyes closed. There is a large aperture in the cartilaginous portion of the septum of his nose, occasioned, as he avers, by non-specific disease in early life. He has never had syphilis. Has not indulged in venereal excess or masturbation. Has been temperate, and was never prostrated by heat or overwork. He seeks advice on account of his hesitation of speech, due to forgetfulness of words. In writing twelve or fourteen words he made several blunders, leaving out a letter at the close of several, and wrote *pin* when *pen* was intended. He was very slow and deliberate in executing the writing. He has no vertigo, headache, or disability of other sort than above described. In making his statements, the patient occasionally omitted a word, hesitated frequently, and exhibited vexation at his inability to recall or use the proper word.

Dr. Seargeant thought the trouble was aphasia, due, probably, to amnesia, as the patient seemed to possess the muscular ability to articulate the words he used. He advised simple tonics, with iodide of potassium, to promote absorption of intercranial effused fluid. His *fever* was probably meningitis.

Slough of Anterior Wall of Vagina. Dr. Jackson exhibited to the Society what he regarded as a slough of the anterior wall of the vagina, and a large portion of the posterior wall of the bladder. The specimen was about four inches in breadth, by five in length, and exhibited the two mucous

surfaces of vagina and bladder; the orifices of the ureters, with small sections of both, could be seen.

The patient from whom the slough was removed had previously had seven confinements without accident. She was confined January 20th, a negro woman acting as midwife. Labor began at 8 A.M., and continued during the day and night. Dr. Jackson was called at 10 A. M. of the next day, and found that the child's head had been delivered since 2 A. M., no progress having been since made. No urine had passed for twenty-four hours. The catheter was successfully introduced, but only a half ounce of bloody urine was withdrawn. The child, which was dead, was delivered with little trouble, as well as the placenta. The womb not contracting well, ergot was given with the desired effect. Two days later, the vagina and vulva were hot, and had the appearance of having been scalded —cause not ascertained. A careful examination next day disclosed an opening between the vagina and bladder, which was moistened with urine. The fourth day after confinement a slough presented at the vulvar orifice, which Dr. Jackson carefully removed. Subsequent examination revealed a remarkable state of things. The adjacent walls of the vagina and bladder seemed absent, and through the opening the urine dribbled away, finding exit at the vulva. Free communication existed with the peritoneal cavity.

Three weeks later the above condition was verified by another examination. A knuckle of the intestines was found lying in the trough of the vagina, in front of the uterus. The location of the ureters could not be ascertained. The finger passed easily on through the opening and over the pubis. The patient was able to sit up at the above date, and, two months after, walk for three or four hours without pain, and only a sense of weight in the pelvis. The rectum has never sympathized in the trouble. Her bowels have always acted regularly and naturally. The doctor thought some bladder disease had existed before her confinement, as she avers that she often passed "corruption" with her urine. He asks if any surgical procedure could benefit the

woman, and invited any member to see the case with him at any time.

Dr. Seargeant thought that as Nature had already shown so much kindness in the case, she should be further trusted in its management.

Seven months later, the patient is in good general health, manages her household affairs, and takes a great deal of exercise with little inconvenience. The above conditions still exist.

B. W. STONE, *Secretary.*

HOPKINSVILLE, KY.

Reviews.

The Curability and Treatment of Pulmonary Phthisis. By S. Jaccoud, Professor of Medical Pathology to the Faculty of Paris; Member of the Academy of Medicine; Physician to the Lariboisière Hospital, Paris, etc. Translated and edited by Montague Lubbock, M. D. (London and Paris), M. R. C. P., Eng., etc. 1 vol. 8vo, pp. 407. New York: D. Appleton & Co. 1885.

To one familiar with the high order of Prof. Jaccoud's earlier writings, the announcement of this translation must prove most welcome news. His "*Pathologie Interne*" is a work of such great merit that bookmakers who have written in other languages did not scruple to borrow much from it, even if they made but scant acknowledgment of the debt they owed the great Frenchman.

It is safe to say that since the publication of Pollock's great work on the Elements of Prognosis in Consumption, no work equal to this by Jaccoud has issued from the press. In the former (Pollock's) most space and attention were accorded to the diagnosis and prognosis of phthisis. Treatment was undoubtedly most ably considered, but it held a secondary place in the author's plan. But it is different with Jaccoud. The first problem he endeavors to solve is that of the curability of phthisis; the second is, how can the cure be brought about? The clearness and precision of his views are equaled only by the distinctness and force with which they are expressed. But the grounds upon which his opinions are based are also set forth, and the therapeutics of the disease laid down with such fullness of detail and such wealth of information that the book really constitutes a great storehouse of therapeutic lore.

The recent discovery of the "bacillus tuberculosis," and after the publication of Jaccoud's work, precludes the possibility of any mention of this bacillus by the author. But the idea that tuberculosis is an infectious disease had obtained a strong

hold upon many clinical observers long before Koch's discovery, and the author believed both that the infective agent might pass from one person to another, but that the virus becoming disseminated throughout the body from pre-existing caseous and tuberculous deposits might give rise to auto-infection of the individual. Instead of searching for a possible presence of a micro-organism, Jaccoud regarded malnutrition in its widest sense as the chief factor in the production of tuberculosis. Believing every form of phthisis to be curable, the so-called inflammatory was thought to be especially amenable to treatment. He recognized the communicability of the disease by inoculation and by inhalation of air containing particles derived from a tuberculous patient, and also holds that the milk, and perhaps also the meat of cows affected by tuberculosis might be the means of communicating the disease. Yet it is regarded as the least infectious of all communicable diseases, and it is assumed that a peculiar susceptibility of the individual exposed to tuberculous infection must always exist. This he designates by the term, "*receptivité*."

The author holds that from an anatomical stand-point tubercular granulations on the one hand and the so-called pneumonic infiltration on the other hand have the same structure; but clinically he recognizes two forms of phthisis, one the inflammatory or pneumonic form, the other the chronic or ordinary form. The anatomical or pathological unity thus involves a clinical duality of phthisis. But those familiar with Pollock's great work, and those who have studied phthisis on a large scale must feel that this classification is more simple than the varied groupings of symptoms, and the great differences in the course of their disease not only would justify but demand.

The curability of phthisis has been admitted ever since John Hughes Bennett wrote on this subject, and published cases which established the fact beyond any doubt; and instances of the kind must from time to time have occurred in the practice of physicians both before and since. It would therefore appear almost a work of supererogation in the author to devote nearly

thirty pages to prove the possibility of that which has already been established and is generally admitted. Nevertheless, it is a most readable chapter, and only serves to whet the appetite for those which follow.

In the second and third chapters are considered the conditions which influence the curability of phthisis.

In these chapters the author aims at a somewhat more elaborate classification than that previously attempted, and already mentioned. It seems to have been made simply with the view to grade the degrees of curability of phthisis. With regard to its origin, the author distinguishes three forms of phthisis, the hereditary, the innate, and the acquired. There is no difficulty in understanding what is meant by hereditary phthisis, but the term innate, as applied to phthisis, requires explanation. It is not hereditary, and is observed in the descendants of those who, though not tubercular, are weakened by scrofula, cachectic diabetes, alcoholism, or simply by bad hygienic conditions; besides these causes it may also be due to consanguineous marriages. The tubercle-producing diathesis exists in such children from their birth, as in the hereditary form; but although innate is not inherited, as the parents were not phthisical.

The forms of acquired phthisis include the primary and secondary varieties and scrofulous phthisis. The author next mentions arthritic phthisis, but admits it to be rare. He saves one the necessity for criticising by declaring that "there is no proof that arthritis produces the disease in the same way that scrofula is the direct cause of scrofulous phthisis, and the term should only be looked upon as an abbreviated expression of phthisis developed in the arthritic." Finally, he acknowledges that "except for convenience and rapidity of language, this term should scarcely be adopted." Under these circumstances the reader must object to the term no less than to the principle which led to its adoption, as being erroneous and having a tendency to complicate and cause confusion.

The author's last form of acquired phthisis is the "herpetic form." The term is even more objectionable than the preced-

ing; and in order to secure its condemnation it is only necessary to quote the author's own words concerning it: "Its existence is even more uncertain than the preceding form."

Among the conditions which influence the curability of phthisis, gastro-intestinal symptoms, severe forms of laryngitis, hemoptysis, with or without pyrexia, emaciation, pyrexia, erethism, and intercurrent congestions and inflammations are carefully and exhaustively considered.

The treatment of phthisis, to which the greater part of the book is devoted, includes two chapters on the prophylactic treatment, and four chapters on the treatment of the ordinary form of phthisis. To give a *résumé* of them would swell this notice to undue proportions, but it must be said that they are well worthy of careful perusal. The practitioner, whose routine treatment of phthisis is "cod-liver oil and whisky," will find his resources much enlarged by their study. The chapter on the treatment by mineral waters will be especially welcome to American physicians, among whom these therapeutic means are comparatively little utilized in the management of phthisis. The last three chapters are devoted to the climatic treatment of the disease, and constitute, perhaps, the most valuable portion of the volume, which is a most interesting and valuable work. Characterized by the same painstaking accuracy and conscientious attention to detail, while leading principles are enunciated with clearness and force, this book will undoubtedly produce a deep impression, and exercise a lasting influence on medical opinion and practice in reference to that great scourge of the human race, phthisis.

A Text-Book of Nursing. For the Use of Training Schools, Families, and Private Students. Compiled by CLARA S. WEEKS, Graduate of the New York Hospital Training School; Superintendent of Training School for Nurses, Paterson, New Jersey. New York: D. Appleton & Co., Bond Street, N. Y. 1885.

This unpretending but carefully-prepared, timely, and very useful volume is introduced to the public by Professor E. L. Youmans. He says "it has grown out of a familiar consciousness of the needs and difficulties of nursing together with the experience of the working teacher, and the practical character it has thus acquired, its excellent method, and the clearness and directness of its style show that in preparing it the author has done an admirable service to her profession." And no one who reads the work can fail to see the justness of Professor Youmans' remarks.

The author had the assistance not only of Professor Youmans, but the more strictly medical part of her labor was performed by Dr. J. S. Hawley, a gentleman entirely competent to the task. The volume is worthy of its distinguished source, and should find its way not only to the hands of the profession, but to every home where the sick are to be nursed.

Renal and Urinary Affections. By W. HOWSHIP DICKINSON, M. D., F. R. C. P., Physician to and Lecturer on Medicine at St. George's Hospital; Consulting Physician to the Hospital for Sick Children; Corresponding Member of the Academy of Medicine of New York. 1 vol., 8vo, cloth, pp. 343. William Wood & Co. 1885.

The American edition and the London edition of this volume differ chiefly in this, that the numerous cases cited in the latter have been omitted. This appears to have been done in order to reduce the size, and the American editor thinks his course justified by the assumption that it does not interfere with the continuity nor limit the authority of the work. But this practice of

mutilating an author's works is essentially reprehensible, even when done with the laudable purpose of reducing bulk and cost.

The subjects treated of are arranged under twenty-four chapters, which lead the reader through the multitude of miscellaneous affections to which the kidneys are liable, either primarily or in consequence of other diseases, whether medical or surgical. Renal Tumors, Renal Calculi, Misplacement, Displacement, and Mobility of the Kidney, Renal Parasites, Diseases of the Ureters and Renal Blood-vessels, are among the subjects to which prominent attention has been given. Urinary Paraplegia, Chyluria, Hemoglobinuria, and Hematuria are also taken up in a very satisfactory manner. The chapter on Renal Thrombosis and Embolism is especially interesting. But after all, there is little need of calling attention to this work, which is already so widely and so favorably known, and the excellence of which is so great that it can not fail to command the interest and admiration of reading physicians, and more firmly establish the fame of its distinguished author.

The Physician's Visiting List for 1886. Thirty-fourth year of its publication. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut Street.

CONTENTS: Almanac, Table of Signs, Marshall Hall's Ready Method in Asphyxia, Poisons and Antidotes, The Metric or French Decimal System of Weights and Measures, Posological Table, rewritten in accordance with the new (sixth) revision of the U. S. Pharmacopeia, Table for Calculating the Period of Utero-Gestation, List of New Remedies, Sylvester's Method for Artificial Respiration, Diagram of the Chest. Blank leaves for Visiting List, Monthly Memoranda, Addresses of Patients and others, Addresses of Nurses, their references, etc., Accounts asked for, Memoranda of Wants, Obstetric Engagements, Vaccination Engagements, Record of Births, Record of Deaths, General Memoranda, etc.

This old friend and helper comes again to remind one that the opening of another year will soon be here. This Visiting

List has been our daily companion throughout the entire thirty-four years of its publication, and a more convenient, better arranged, or handier one we have not found.

The Medical News Visiting List for 1886. A complete pocket-book of Useful Memoranda for Physicians and Surgeons, with blanks suitable for keeping the professional and business records of a practice aggregating thirty patients per day. Wallet form, handsome red seal binding, with tucks, pocket-pencil and rubber, $1.00. With patent thumb-letter index for rapid use, 25 cents additional. Philadelphia: Lea Brothers & Co., 706 Sansom Street.

Visiting Lists have come to be indispensable to the physician, not only as reminders of work to be done and chroniclers of work done, but they have been so enriched by concise directions as to dosage and what to do in this and that emergency that they are a positive scientific comfort.

The list issued by the Medical News is one of the very best of the series.

Poisons, their Effects and Detection. A Manual for the Use of Analytical Chemists and Experts, with an Introductory Essay on the Growth of Modern Toxicology. By ALEXANDER WYNTER BLYTH, M. R. C. S., F. C. S., etc., Public Analyst for the County of Devon, and Medical Officer of Health and Public Analyst for St. Marlebone. With tables and illustrations. 8vo. Volume II, pp. 334. New York: William Wood & Co.

When the first volume of this work appeared it was reviewed at length and commended most favorably in these pages. The second volume is equal to if not better than the first, and warrants the statement that Dr. Blyth has earned the title of a standard authority on poisons, their effects and detection.

Clinic of the Month.

TREATMENT OF CERTAIN FRACTURES OF THE BONES OF THE LEG, AND OF THE PATELLA, BY DRILLING AND WIRING OF THE FRAGMENTS.—J. Williston Wright, M. D., Professor of Surgery in the Medical Department of the University of the City of New York, in a paper read before the New York Clinical Society, and published in the New York Medical Journal, reports five cases of compound fracture of the leg and three of simple fracture of the patella, of which we give a brief abstract:

Case I. Compound fracture of the tibia, two inches below the tubercle, associated with a contused and lacerated wound, four inches long, extending upward and inward from the seat of fracture. Fracture exposed, under bichloride irrigation, by an incision four inches long, made parallel with the crest of the tibia and communicating with the original wound. The fracture was found to be oblique from above downward and from within outward. Deep pockets, filled with coagulated blood and sand, extended upward in the subcutaneous tissue to above the knee-joint, and downward for a distance of four or five inches. The fascia of the leg was extensively lacerated, the tibialis-anticus muscle badly torn and contused, and the periosteum stripped from the fragments of the bone for some distance.

The blood-clots, sand, and shreds of tissue were removed by washing, scraping, and the use of the scissors; the fragments drilled and wired together with a double strand of No. 26 silver wire.

The wounds were closed with carbolized catgut sutures; the pockets drained with rubber tubes through counter-openings; the limb was dressed antiseptically, and suspended in a cradle made of heavy wire netting.

Highest temperature since the operation 100.6°, and during the last week it has been normal. No pain. Dressing changed to-day for the first time (twelve days). No pus in the dressings.

The incision made with the knife has healed throughout by first intention ; a small linear dry slough is found on one edge of the original wound, where the skin was much contused ; there is no swelling, no inflammation, and the leg looks remarkably well ; drainage-tube removed, and the limb dressed as at first. The patient was discharged sixteen weeks after the injury with no shortening or other deformity, and able to walk well.

Case II. A fracture of the left tibia just below the tubercle, compounded by an opening in the skin one inch in length ; fracture slightly oblique, with considerable displacement of fragments. Another simple fracture of the same bone was discovered at the junction of the lower and middle third.

Under bichloride irrigation, an incision, three inches long, was made at the seat of the upper fracture, over the crest of the tibia.

The soft parts were not seriously lacerated, but considerable dissection of the connective tissue had taken place from a large amount of effused blood.

The wound was thoroughly cleared of clots and cleansed ; the fragments were drilled and wired as in Case I. Wound closed with catgut, drained through counter-opening, and limb dressed antiseptically and suspended.

Dressing changed for the first time (eleven days). No pus ; wound healed ; tube removed and new dressing applied.

Case III. Patient, while working in a quarry, a heavy stone fell from a derrick, striking an iron bar which he held in his hand and driving it with great force against his right leg. I found a small incised wound at the junction of the lower and middle third, on the inside of the leg, which communicated with a fracture of the tibia, and also with a large hematoma extending from the wound to below the internal malleolus. The patient had lost much blood and was still bleeding freely. Under irrigation, an incision was made, beginning two inches above the wound and curving downward to include it and the hematoma, four or five inches in length.

The fracture of the tibia was found to be oblique from above

downward, forward, and inward, with some comminution of the bone; one fragment, one inch and a half in length, and several smaller ones were removed. The internal malleolus was denuded, bruised, and roughened; the sheath of the tibialis-posticus muscle was opened and the muscle itself badly torn; the connective tissue was lacerated and extensively infiltrated with blood; the fibula was fractured higher up, but not compounded.

The wound was cleansed, the hemorrhage controlled, the fragments drilled and wired with heavy copper wire coated with silver, and the limb dressed like the others.

Highest temperature since the operation 100.8°. First dressing after twenty days. Wound healthy and healing, with the exception of a small dry slough at the center of old hematoma.

Case IV. Fell in the street while intoxicated and sustained a compound fracture of both bones of left leg, about three inches above the ankle-joint. The fracture of the tibia was very oblique from above downward and inward, the fractured surfaces being four inches long and the ends of the fragments very sharp. Two small wounds of the skin, caused by puncture of the upper fragment, were found on the inner side of the ankle just above the malleolus. Under irrigation, an incision five inches in length was made to expose the fracture. There was much overriding of the fragments, and great difficulty in effecting reduction, even with the patient profoundly under the influence of ether, and it was impossible to maintain apposition except by powerful extension and counter-extension. A bleeding vessel of some size, probably the internal malleolar, was ligated. The fragments were then drilled and wired in two places with heavy silver wire. Dressing and after-treatment like the others.

Twenty-two days after first dressing, wound nearly healed; highest temperature since the operation, 100.4°; applied plaster splint with fenestra opposite wound.

Fifteen days later wound healed; union pretty firm.

Discharged in twenty weeks, with good union; good position of foot; good motion in ankle-joint and with no perceptible shortening of the limb.

Case V. A heavy slab of marble fell on his left leg, producing a compound and comminuted fracture at the junction of the lower and middle third.

Under irrigation, an incision four inches long over the crest of the tibia showed the fracture to consist of five fragments; its general direction was first from above downward and outward, then from above downward and inward, the two lines including a large wedge-shaped piece of bone, measuring three inches in length on its longest side, and including at its apex nearly the whole of the diameter of the bone. This, together with two smaller fragments, was found to be so completely isolated from all vascular supply that its removal from the wound was rendered necessary; in fact, the large fragment was turned upon itself so as to occupy an antero-posterior position with regard to the long axis of the tibia, while one of its sharp points had seriously lacerated the deep muscles of the leg and was lying in dangerously close proximity to the posterior tibial artery. Deep pockets, filled with clotted blood and reaching for two or three inches above and below the wound, were exposed and cleansed. The main fragments were then drilled in two places and brought together with heavy silver wire; the wound closed and drained through one of the bone punctures; the limb dressed antiseptically, and put up like the others.

The patient had no symptoms worthy of note. Dressings changed on the twelfth day, and the wound found healed; tube removed and limb redressed.

Case I. Fracture of the Patella. Patient sustained a transverse fracture of the right patella. When admitted to the hospital there was a large effusion of blood into the joint, with great swelling and ecchymosis. The fragments of bone were separated about three inches, and it was impossible to approximate them at any time. He was treated with cold applications, ice to the joint, position, and various forms of apparatus without benefit until July 12th, when the joint was opened, under irrigation, by a crucial incision, and thoroughly cleaned out. The fractured surfaces were then scraped, the fragments drilled and wired, and

the joint drained. The wound was then closed with a continuous suture of carbolized catgut, the limb dressed antiseptically, and the knee-joint immobilized. The operation was followed by some sloughing of the edges of the skin-wound and by the formation of a circum-articular abscess; but all eventually repaired, and the patient was discharged, sixteen weeks after the injury, with bony union of the patella, able to walk well, and with about twenty degrees of motion in the joint.

Patient seen eighteen months after the injury, with full motion of the joint, with perfect bony union of fragments, and he stated that he had walked twenty miles the day before without inconvenience and without artificial support of any kind.

Case II. Fracture of the Patella. Fell on the street, January 9th, striking the bent right knee on a stone and fracturing the patella transversely. The joint was greatly distended with blood and very painful. I was unable to determine the exact nature of the fracture on account of swelling and effusion.

The limb was suspended and treated with cold applications.

On the 2d of February knee still very much swollen, hot, tender, and painful, and I fear a suppurative inflamation of the joint.

Opened joint, under irrigation, by a crucial incision.

The capsule of the joint and the aponeurotic structures were all extensively lacerated, with their ragged edges turned into the cavity of the joint. The patella was fractured transversely about its middle, with the upper fragment split longitudinally into two portions, but not entirely separated from each other, while three smaller fragments were found loose in the joint. The cavity of the joint was enormously distended with clots, in which the main fragments were deeply buried.

The joint was thoroughly cleaned, the fragments drilled and wired in two places; the capsule and aponeurosis trimmed and sewed up with fine catgut; the skin-wounds closed separately in the same way, and the joint drained. Antiseptic dressings were then applied, and the limb suspended in a wire cradle.

First dressing twelve days after; wound healed; no fluid in the joint; tubes removed and new dressings applied. Highest temperature since the operation, 100.2°.

Twelve weeks after injury he can bend knee to right angle, and union seems to be perfect. Walked ten miles with cane two days ago.

Case III. Fracture of the Patella. Six months ago patient was thrown from a wagon and sustained a transverse fracture of the right patella. The knee-joint is now nearly useless; the fragments are three inches apart, and apparently held together by a very thin fibrous band. Joint opened under irrigation, the fractured surfaces freshened, and the fragments drilled in two places, wired, and the limb put up like the others. The patient had no constitutional disturbance whatever as a result of the operation. At the end of ten days the wound was dressed and found healed throughout; drainage-tubes removed and joint redressed.

Nine days after limb put up in plaster splint.

Patient left hospital still wearing splint, but apparently with good bony union of the fragments.

The chief points of interest in these cases are, first, the facility which the method affords for the removal of blood-clots, foreign bodies, and torn tissue, thereby leaving a comparatively clean wound, which is likely to repair with little, if any, suppuration or sloughing, provided the operation is done antiseptically.

Secondly, the ability which it gives the surgeon to effect a complete and immediate reduction of the fracture, and the subsequent maintenance of the fragments in perfect apposition by means of the wire suture — an important indication, and one which it is impossible to fulfill in many cases by other means; and the consequent avoidance of such irritation of surrounding soft tissues as must necessarily occur when rough fragments of bone are allowed to move more or less upon each other.

Thirdly, the avoidance of frequent dressing, which always necessitates the disturbance of the reparative processes to a greater or lesser extent with each repetition; the increased probabilities of speedy union when the fragments are securely put together and held in apposition during the whole course of

the treatment, not to mention the saving of pain for the patient and of time and trouble for the surgeon.

Fourthly, and perhaps most important of all, the ability which the method gives to the surgeon to save certain limbs, the seat of bad forms of compound fracture, which would otherwise seem to demand primary amputation, or which, if treated in any other way, might seriously endanger life from prolonged suppuration, sloughing of the soft parts, necrosis, osteo-myelitis, septicemia, pyemia, etc.

TREATMENT OF CHOREA.—Dr. Gilbert, of the Hôpital des Enfants-Malades in Paris, lecturing on the therapeutics of chorea, said:

The routine treatment of all choreic patients at the mentioned hospital consists in the systematical exhibition of chloral-hydrate and the application of the wet cloth. The reason why chloral fails in the hands of so many practitioners is not to be sought in the drug itself, but in the faulty method of its administration. In two little patients, some time ago, Gilbert gave fifteen grains of chloral every quarter of an hour until sleep was produced, and when the children awoke the same dose was again administered. In this manner a sleep was obtained which was in reality but twice interrupted in twenty-four hours, just the time needed for two meals. After four or five days the drug has to be stopped, as it would be dangerous to prolong this profound and continuous sleep. The results obtained by this method of treatment compared very favorably with those of other clinicians, who usually contented themselves with sufficiently large doses to produce sleep once or twice daily, and rarely pushed the medication beyond a couple of days. At present Gilbert gives chloral systematically three times daily, and for a period of two weeks to two months, until a cure is perfected, without ever having met with a single accident. A rubeoloid or erythematous eruption, unaccompanied by constitutional manifestations, has occasionally been noted, but disappeared spontaneously in twenty-

four hours, even when the medication with chloral was continued.

This uniform method is intended to ameliorate the graver symptoms, and to procure a prolonged sleep. A choreic patient ought not only to sleep at night, but also once or twice during the day, preferably after meal-time. The question of dose is one of great importance. Gilbert gives, in a patient beyond ten years of age, habitually sixty grains *pro dies*, fifteen grains in the morning, fifteen at noon, and thirty at night. This form of medication is to be continued until the choreic agitation is completely under control. In order to disguise the disagreeable taste of the drug, the confection of chloral recommends itself, especially in the case of children. The confection is prepared by taking a watery concentrated solution of chloral and currant-jelly.

It is only in the graver form of chorea, in which chloral alone does not suffice to suppress the nervous and muscular excitation, that the wet cloth comes in as a potent adjuvant to the drug. As to its application, cold water solely is to be employed. The cloth is dipped into it, moderately expressed, and the patient laid upon a mattress covered with a rubber-cloth. The body of the patient is then tightly wrapped up in a blanket and vigorously rubbed from the head toward the feet. After a couple of minutes, when reaction has taken place and the little patient has commenced to get warm, it is to be wrapped up in several woolen blankets without removing the wet sheet, leaving just the head free. In this sort of a steam-bath, then, the child is to remain on its bed for about half an hour, when reaction will have fully set in and done its intended work.

The effects of this procedure are invariably of the most excellent nature; the child feels calm and composed, and not rarely falls into a quiet and prolonged sleep, from which it awakens more tranquil than ever.

As these are the remarks of a well-known clinician with an extensive practice with choreic children, his method of treatment lays claim to our confidence, and invites a trial.

URETHAN, A NEW HYPNOTIC.—Urethan is the ethelic ether of carbaminic acid, and has the formula of $C_3H_7NO_2=NH_2$ $CO_2C_2H_5$. It has no odor, no disagreeable taste, and forms white crystals, which are highly soluble in water.

Although the data which at present are before us are perhaps too incomplete to form any positive conclusion as to the mode of action of this substance, yet it seems clear that the principal action of urethan is on the brain, without producing any marked irritation of the peripheral and sensory apparatus. Consequently, it is useless in the treatment of neuralgic pains, as well as in the pains of locomotor ataxia; but in other conditions, where sleeplessness is the main symptom to be combated, urethan seems to possess the greatest advantages, since it is well borne by the patient, it produces absolutely no unfavorable symptoms, and the sleep which it produces seems identical with normal physiological sleep. It would also appear that this remedy is particularly suitable for use in the treatment of diseases of children, where the need of a safe and sure hypnotic is greatly felt. It is also worthy of trial in the treatment of alcoholic delirium and in the mania of insanity. Urethan may be given in solution in water either with or without some flavoring, in doses of from seven and a half to fifteen grains, repeated after one or two hours if necessary. It is at present, we believe, manufactured only by Merck, but we trust that further experiments will be made with it, and its true value determined.

ANTIPYRINE.—Of all the new antipyretics this drug has alone succeeded in securing a firm ground in the field of practice. More recent researches, moreover, go to show that the usefulness of antipyrine is not limited to infantile affections and the typhoid and phthisical hyperpyrexia, but that also in another important affection, viz., articular rheumatism, the drug evinces powerfully antipyretic and often curative virtues. It is true that salicylic acid and salicylate of sodium are in rheumatism distinctly specific remedies, and that no drug can

be thought worthy to replace them, unless alongside of an equally specific influence over the pathological process it would show a greater constancy of action and a greater power to avoid cardiac implication. Neumann (Berlin) examined the action of antipyrine in articular rheumatism in a large number of cases.

He gave the drug in numerous cases of rheumatism, but regards only seventeen of them worthy to be reported, as in the rest salicylic acid and salicylate of sodium had been given simultaneously. He summarizes his results by declaring that antipyrine acts in articular rheumatism very nearly in the same manner as salicylic acid and salicylate of sodium; as under the administration of the latter pain and swelling disappeared more or less, but he also noted the same proneness to cardiac complications and to relapses, even when the drug was continued for a long time after all morbid symptoms had disappeared. In some instances antipyrine, as is likewise the case with salicylic acid, had no influence at all over the affection. No intoxication-symptoms were ever noted in any case.

This short but satisfactory report on the clinical services of antipyrine in articular rheumatism demonstrates that the drug, though in no respect surpassing salicylic acid or salicylate of sodium, can be regarded as a useful adjuvant to them, or can wholly replace them, if these should either fail to act or be for some reason or other contra-indicated.

A New Hemostatic.—Dr. Rothe (*Pharmaceutische Post*) has made a number of experiments with the external application of the juice of the stinging nettle (*Urtica dioica*) as a hemostatic. The leaves, blossoms, and stalks of the young plant, gathered in the spring, are finely cut up, soaked for a week in sixty per cent alcohol, then subjected to pressure and the fluid filtered. The filtrate forms a dark greenish-brown alcoholic fluid with a spicy odor and taste. When placed on absorbing cotton or carbolized and salicylic wool, and pressed on bleeding wounds, if no large vessels are divided the hem-

orrhage is rapidly arrested, and especially in parenchymatous hemorrhage and that from small vessels. The blood appears to be by its contact converted into a soft tenacious clot, which forms in the divided vessels and capillaries, and so arrests the hemorrhage. In bleeding from the nose, a small piece of cotton soaked in the fluid is inserted into the nostril, and brought in contact with the bleeding spot, and may be maintained by a second dry plug of cotton. If the bleeding is at once arrested this application may be now removed, but if it is not immediately successful, after a few moments it should be replaced by a fresh application. This change is, however, seldom necessary, and the author states that out of several hundred cases he is yet to meet one where the hemorrhage is not arrested within half an hour. This new hemostatic solution possesses the advantage over the solution of the sesqui-chloride of iron in that it avoids the formation of crumbly and broken-down clots.

Treatment of Croup with Muriate of Pilocarpine.—Charles Ultes, M. D., Lansing, Mich., communicates the following to the Therapeutic Gazette:

I have treated in all five cases of the membranous variety, four cases of mild or night croup, and three cases of diphtheritic croup (laryngeal stenosis), all of which recovered, with the exception of one, the child being attacked the two previous nights, playing during the day. On the morning of the third night I was called and found the child in a condition in which neither tracheotomy nor pilocarpine would be effective; the child died with convulsions two hours after my arrival.

In severe cases it sometimes takes from four to five days until the severe symptoms are passed. The medicine must be used vigorously until relief is obtained.

When the bronchial tubes are filled up, and cyanosis and choking sensations prevail, a dose of syrup or the powder of ipecac should be used to throw off the partially-dissolved membrane and accumulated phlegm. The nausea caused by the

ipecac passes off as soon as the vomiting is over, leaving no debility whatever.

It is astonishing what large doses of ipecac may be taken sometimes by children without producing emesis.

The dose of muriate of pilocarpine is from one fifteenth to one sixth of a grain, rubbed up in sugar of milk, according to the age and susceptibility, one tenth of a grain being the average. It is probable that the hypodermic method would act quicker and more energetically, but I am well satisfied with the effects obtained when given by the mouth; but I should not hesitate at all to use it hypodermically in desperate cases, mainly with convulsions.

Sweating is not very excessive, even when large doses are administered, and I never saw a case of croup in which the medicine produced any flow of saliva, such as we are accustomed to see in adults. In mild cases, or cases of night croup, mainly in cases of second or third attack, the effect of the pilocarpine (one tenth of a grain) is a sweeping one; a few powders in hourly doses will act like a charm, allaying cough and discomfort, producing rest and sleep.

Diphtheritic croup (laryngeal stenosis) should be treated like any other case of diphtheria, only pilocarpine added to it. In my three cases, to avoid sepsis I used calcium sulphide, one tenth of a grain, every three hours, in conjunction with pilocarpine. But in this variety I think the pilocarpine only acted as an auxiliary, as former cases treated with pilocarpine alone died.

I do not want to be understood that pilocarpine is the only agent in croup to be relied upon; on the contrary, we must treat the symptoms and meet the complications to obtain the best of results.

When the action of the heart becomes weak, as it frequently does, whisky or brandy are indispensable, either diluted in sweetened water, or in the form of milk-punch, etc. Milk is the main diet in croup, and should be given *ad libitum*.

When the temperature is elevated open the bowels with a few small doses of calomel and prescribe the following:

℞. Acid salicylic, ... ʒii;
Sodii bicarbon., ... ʒi;
Glycerinæ, ... ʒi;
Aquæ, q. s. ad., ... ʒiv. M.
S. Take one teaspoonful every two or three hours.

If the urine is high colored and scalding on passing, a little nitrate and chlorate of potassium added will relieve these symptoms promptly.

In some cases I tried the fluid extract of jaborandi, but I never obtained such decisive effects as I did with pilocarpine. I am quite confident that if the muriate of pilocarpine is used in this disease, as stated above, loss of life will be cut down to a minimum.

Treatment of Acute Epididymitis with Subnitrate of Bismuth.—Dr. J. A. Comingor, Professor of Surgery in the Medical College of Indiana, writes to the Medical Record:

For several years and in many cases, both in hospital and private practice, I have been treating epididymitis with subnitrate of bismuth with results nearly identical with those claimed for fullers'-earth. Under its application, pain is speedily relieved and tenderness and swelling subside in a short time. In fact, its action has been so uniformly beneficial I have not found it necessary to use any thing else in ordinary cases. I direct it to be used as follows, to wit: Bismuth in indefinite quantity, water sufficient to make a paste about the consistence of thick cream, and with a large camel's-hair brush paint the scrotum two or three coatings, and repaint at intervals several times daily. To make the directions more definite, take bismuth and water in equal parts, mix, and apply as above. For the purpose of taking the weight off the cord and blood-vessels I order some sort of scrotal suspension; if the ailment is severe enough to bed the patient, a broad strip of adhesive plaster or bandage fastened across or around the thighs, with sufficient padding under the scrotum and contents to elevate above the level of the body to favor the return of blood, will be found service-

able. This method of treatment, in my hands, has been so beneficial and satisfactory I have for several years thought I ought to give it to the profession.

I have observed, on making the application on the smooth, shining surface, that scrotal corrugation and shrinkage, with alleviation of pain, immediately followed. Now, whether these effects are the direct result of the astringent and metallic properties of the agent, or whether they were due to the mere protection given the sensitive surface from the air, I know not. But that it is highly serviceable I verily believe.

THE THERAPEUTIC ACTION OF ANTIPYRINE.—M. Arduin thinks antipyrine has a very special action in diseases of the lungs, principally in tuberculous fever. With small doses of 25 centigrams to 50 centigrams, the temperature will fall from one and a half to two degrees. Its action in nervous maladies, in articular rheumatism, and in albuminuria was spoken of, but it was admitted to be much more inconstant here. From some experiments, he had concluded that its action was on the medulla oblongata and the brain; it slows the pulse and causes death by arrest of the heart. Its hemostatic effects are much more rapid than the perchloride of iron and ergotine, but they are entirely local—quite different from ergotine. It is also an antiferment, like salicylic acid. The latest use of it is as a suppository for hemorrhoids.

THE LOCAL TREATMENT OF ERYSIPELAS.—The treatment of what has usually been termed idiopathic facial erysipelas is of interest both on account of the frequency of the disease and the failure in many cases of the usual means to control it. Many authorities firmly believe in the malarial origin of this disease, and hence quinine, when combined with the tincture of the chloride of iron, occupies a leading place as an internal remedy in the abortive treatment of erysipelas. But the local symptoms, relief of the burning pain, limiting the extension of the disease, and thus preventing invasion of important organs,

require prompt and constant attention. Dr. Daniel Lewis (Journal Cutaneous and Venereal Disease) recommends white-lead paint as, in his experience, the very best local application. The method of employing this treatment is to paint the parts thoroughly with white-lead paint, dressing the wound, if there be any, by cotton-wool saturated with boro-glyceride.

The paint should be thicker than for ordinary use; when desquamation begins it peels off readily, even when applied to the head. It serves at once to relieve the burning pain; recovery often takes place with a single application. It is equally applicable to idiopathic and traumatic erysipelas, and even in hospital cases.

INHALATION OF COAL-GAS, TAR, AND TURPENTINE IN DIPHTHERIA.—M. Delthil called attention to these agents in the treatment of diphtheria. He still thinks that diphtheria is secondary to a primitive inflammation of the tracheo-pharyngeal mucous membrane. The inhalations he regards as the best method of preventing the secondary affection. M. Delthil also spoke of the use of large doses of sulphate of magnesia in cancer of the stomach. He could raise the dose to forty grams without causing more than one stool a day, as the patient's system got used to it. There is perhaps no cure, but all the morbid symptoms disappear, and there is an arrest of the disease.

PERMANENT ANTISEPTIC DRESSING.—Esmarch, of Kiel, in a paper on Permanent Antiseptic Dressing, said:

1. The healing of all wounds by first intention, without suppuration, he said, is the most desirable issue.

2. This method of healing is most certainly obtained by the absolute preventions against infecting material, and by the complete rest of the wounded part.

3. Since every renewal of the dressings disturbs the wounded parts, and renews the danger of infection, a permanent dressing, one that can be left on the part until the wound is completely healed, is that which most nearly conforms to this end.

4. If the surgeon would avoid renewal of the dressing during the process of cure, the wound must be placed under such circumstances, must be so closed and dressed that neither suppurative irritants nor foreign bodies shall remain in it, and that no blood or secretion from the wound can be retained.

5. The chief conditions of this result are: (*a*) Exact hemostasis; (*b*) The avoidance of all space in the wound; (*c*) Free exit of all secretions; (*d*) The most careful antisepsis and best antiseptics; (*e*) The use of compressible dressing materials, which will absorb all the fluids; (*f*) Immobilization of the wounded part.

Diagnosis between Indurated Chancre and Herpes.—It sometimes happens that herpes of the penis presents itself under the form of a single patch of superficial ulceration, accompanied by some induration of the underlying tissues: there may be also swelling of the inguinal glands, so that the diagnosis between this so-called chancriform herpes and some forms of indurated chancre is very difficult in the early stages. M. Leloir, however, calls attention (*Journ. de Connaiss. Méd.*) to the fact that when a herpetic ulcer is pressed between the fingers, a drop of serous fluid is squeezed out. This manipulation can be repeated several times with the same effect; in the case of chancre, on the contrary, a little fluid is seen on the surface, but the quantity is not increased by pressure. When the base of the herpetic ulcer is indurated, the hardened tissues can be flattened between the fingers, while in chancre, no amount of pressure can change the shape of the nodule. This difference is explained by the fact that in herpes there is a localized edema of the tissues, while in chancre the chief lesion is a hard infiltration, sometimes accompanied by sclerosis of the connective tissue and of the vessels. (Brit. Med. Jour.)

The Use of Iodol in Surgical Operations.—Dr. Gætano Mazzoni calls attention to a new chemical preparation, called iodol. The substance is a powder of a yellow or grayish-brown

color, nearly odorless and perfectly tasteless, and has an action very similar to that of iodoform. The observations made upon its effects already exceed two hundred, and the results have been extremely favorable. The remedy may be used in powder, suspended in glycerine as an ointment, or in dilute solution of alcohol and glycerine, the substance being entirely insoluble in water. In venereal disease its effects have been excellent, as also in periadenitis. In abscesses, in which necrobiosis is extensive, the beneficial effect of iodol is manifested in the disappearance of all odor and the rapid disappearance of swelling and accompanying healthy granulations. In indolent ulcers a similar beneficial influence was noted. On the other hand, the remedy is found useless and indeed harmful in gangrene. Further, it is found to possess the power in a high degree of promoting healthy granulations, as is shown by its use in various forms of lupus and in chronic fungoid inflammation of the joints. The chemical formula of the preparation is not announced in the article calling attention to its merits. (*Berliner klin. Wochenschrift.*)

Bromide of Arsenic in Acne.—Dr. Henry G. Piffard, writing in Journal of Cutaneous and Venereal Diseases, says:

Conceiving, from purely theoretical considerations, that it might be useful in certain cases, I first tried it in the spring of 1878 in a case of pustular acne vulgaris of moderate severity, and gave it in doses of one milligram (gr. $\frac{1}{65}$) three times a day. Within a week the patient, a young lady, returned, complaining that her face was much worse. On examination, I found on each side of the face a crop of miliary pustules in addition to the acne. The arsenic was discontinued, and a placebo prescribed. This was followed by improvement for a week, when the arsenic was resumed in much smaller doses, and in three or four weeks the case was substantially well. In a second case I had a similar experience, and in a third case I prescribed an alcoholic solution containing one grain to the ounce, and directed that two drops should be taken night and morning. This patient

I did not again see for nearly six months, when she informed me that the medicine had, in a few weeks, accomplished all that she desired. Since then I have used bromide of arsenic with much satisfaction in pustular acne, but have not tried it in other varieties of this affection, nor in other cutaneous diseases.

ANTISEPTIC SURGERY.—In an able paper on this subject, recently read before the New York Academy of Medicine, by Dr. Stephen Smith, he says:

Cleanliness is the one great object sought to be attained in all operations. Whatever may be the final conclusion of scientific students as to the cause of putrefaction in wounds, practically it is determined that the surgeon may, with the most absolute certainly, protect an ordinary open wound from suppuration. To effect this object he finds that he has simply to resort to those measures which are known to secure perfect cleanliness of the wound. The agents now relied upon and found efficient are: (1) Soap and water to external parts. (2) Carbolic solutions for the instruments. (3) Bichloride solutions to all surfaces and tissues. (4) Iodoform for external dressings. We may summarize the conditions regarded as essential to success as follows, that is, *A clean operator; clean assistants; a clean patient; clean instruments; clean dressings.*

COCAINE IN CIRCUMCISION.—Dr. C. E. Bruce, of New York, communicates the following to the Medical Record:

The patient was a young man of twenty years, with an extreme phimosis, the prepuce extending about an inch beyond the glans penis, and the orifice so small as scarcely to admit a probe. The penis was bandaged tightly with a narrow elastic tape, thoroughly compressing the member from the glans to the root. The bandage was then securely tied at the root of the penis, completely shutting off the circulation.

Hypodermic injections of about two minims each of a five-per-cent solution of cocaine were made in the prepuce, both on its mucous and cutaneous surfaces. The entrance of the needle

was scarcely perceptible to the patient—due, no doubt, to the pressure of the elastic bandage—and not at all so after the first four or five injections had been made. A few minims were also placed in the meatus and underneath the prepuce, between it and the glans.

In about eight minutes the part was completely anesthetized, the patient having experienced no pain or discomfort whatever. The foreskin was drawn forward evenly, so as to bring the mucous lining on an equal stretch with the skin, and clamped at the proper distance with long extension dressing forceps. The foreskin was then excised along the forceps, the patient *not having the slightest sensation.* The forceps were removed, when the edges were seen to be precisely and evenly matched in the entire circumference. There was no hemorrhage at all, the hands of the operators not even being soiled. The edges were then brought together by fifteen interrupted sutures, and the skin could then be easily slipped back of the glans.

The piercings of the needle were not felt in the least; at this point the elastic ligature was removed, when a slight hemorrhage followed (by oversight the frenal artery was not secured), but this at once ceased on the application of a firm bandage of iodoform and bichloride gauze with which the wound was dressed. The patient sat up immediately, dressed himself and resumed his ordinary avocation.

The anesthesia remained complete during the whole forty minutes of operation with no other injection of cocaine than the first. Pain did not recur on allowing the circulation to resume, nor for five hours afterward. There was no nervous shock, no disturbance of the stomach, no ill effects whatever. The amount of cocaine employed was about two and one half grains in fifty minims of water.

COCAINE IN THE TREATMENT OF HAY-FEVER.—In a paper lately read before the College of Physicians, of Philadelphia, Professor J. M. DaCosta said:

The manner of employing the cocaine is not without impor-

tance. It may be used with a small atomizer as a spray. But the readiest means is to inject from five to eight drops up each nostril, the head being thrown backward; in some persons once, in most twice, daily will be found sufficient. It will be necessary to instruct patients not to irritate the membrane by rubbing it needlessly with the glass tube, or pushing this up too far. Thus, a patient who had had hay-fever for thirteen years, and who was at the sea-shore on the 17th of August when the hay-fever came on, and in whom tincture of *Ignatia amara* seemed favorably to influence its course, tried cocaine in one nostril only. He inserted the tube far up, irritated the membrane, and water ran from that nostril, which became sorer and more inflamed than the other. More judicious attempts produced better results, but he could not be persuaded to give the remedy a fair trial, owing to his first experience with it. Its mode of action in hay-fever is partly by the local insensibility it produces, partly by the contractions of the capillaries it induces. The effects are thus chiefly local. It will not arrest the bronchial catarrh or the asthma which attend some cases; yet it is astonishing how it lessens the tendency to these complications when early applied, and before they have got much headway. Is its action, then, not partly a reflex action? That the remedy is radical and, strictly speaking, curative, I have not found; but that it gives great comfort, converts bad into light cases, enables those to stay at their homes who otherwise are obliged to flee to hay-fever resorts, relieves much suffering and distress, I know and have fairly tested. In no case of rose-cold or hay-fever ought cocaine to be left untried.

Whooping-cough Treated by Cocaine.—Dr. Moncorvo, of Rio Janeiro, employs cocaine in conjunction with resorcin. He first swabs out the throat with a ten-per-cent solution of cocaine and then with a saturated solution of resorcin. He claims that very advantageous results are reached, as he believes, from the anti-parasitic action of the resorcin. Whether this treatment is as useful as it is novel is, in our opinion, more

than doubtful, though Dr. L. Barbillion (*Revue Mensuelle des Maladies des Enfants*) has also employed a five-per-cent solution of cocaine locally applied to the pharynx, tonsils, and base of tongue, with a brush, in the treatment of whooping-cough. He states that the immediate effect of this application is to considerably diminish the number of paroxysms of coughing, and he reports a number of cases in which this treatment alone was employed, and in which marked improvement, as regards the number and violence of the paroxysms of coughing, certainly seemed to have been obtained.

Cocaine in the Morphine Habit.—Smidt and Rank, physicians of a prominent German morphine institute, confirm the value of cocaine in the cure of the morphine habit (*Berl. Klin. Woch.*, September 14, 1885). Their testimony and conclusions are formulated as follows:

1. Cocaine is a highly useful and almost indispensable factor in the cure of the morphine habit. It facilitates and shortens the latter materially, without exerting any untoward secondary influence upon the patient.

2. The principle of the cure consists in exhibiting morphine in decreasing and cocaine in increasing doses.

3. Cocaine acts best when exhibited subcutaneously in a five-per-cent watery solution.

4. The ordinary dose is half a grain, and may be increased to one and three fourths grain, though three grains ought not to be exceeded.

5. A cocaine habit has never been noted to occur.

The Use of Iodoform Collodion, Especially in Neuralgia. Dr. William Browning, of Brooklyn (American Journal of the Medical Sciences), gives his experience with this remedy for external application, together with notes on the preparation itself, and a brief study of its action. The strength usually employed is one part of iodoform to fifteen of collodion. Half an ounce is usually sufficient for a single application. Dr. Browning has

found it most effective when painted on in very thick layers, which may be conveniently done with the usual camel's-hair brush. As soon as one coating becomes a little firm another is applied, and so on until it appears to have an average thickness of half a millimeter. In neuralgic cases a cure, when effected, was usually accomplished with one or two applications. The troubles found most amenable to this treatment were narrowly localized neuralgias, especially when corresponding to some particular nerve and not dependent on any demonstrable lesion. In fact, if a neuralgia, or what is thought to be one, proves intractable to this means, we should doubt its being a purely functional affection, and look carefully for some tangible cause. It has thus a certain diagnostic as well as a therapeutic value. Several times its complete or partial failure has led to a more searching and successful examination. Even in such cases much temporary relief is often afforded. Supra-orbital neuralgias, even of malarial origin, particularly if the miasmatic infection dates back some time, seem quite amenable to this treatment. It is not recommended as a substitute for the use of quinine, but only as an adjuvant where the latter fails or acts too slowly.

Chloroform in the Treatment of Post-partum Hemorrhage.—Dr. F. Betz (*Memorabil.*) was lately led by Robinson's reports of the efficacy of alcoholic injections into the uterus to try the effect of inserting a sponge saturated with chloroform. Severe burning pain was at once produced in the whole parturient canal, but brisk uterine contraction supervened promptly, and the bleeding was stopped. In another case he pressed against the cervix a tampon moistened with a mixture of chloroform, sulphuric ether, and a little acetic ether. The same results followed. The styptic action, he remarks, is wholly due to muscular contraction, and not to the coagulation of blood.

Belladonna as an Adjuvant to Iodide of Potassium.—Aubert (*St. Petersb. med. Wochenschr. Memorabil.*) states that the use of belladonna prevents the unpleasant effects sometimes

produced by iodide of potassium on the naso-pharyngeal mucous membrane. Three quarters of a grain of extract of belladonna, in pill form, given with the iodide, are sufficient, and the use of the adjuvant need not be continued long, for after a short time the disposition to the unpleasant effects referred to disappears and does not return.

THE TREATMENT OF MEMBRANOUS DYSMENORRHEA. — The treatment of this affection is necessarily both palliative and curative. While the patient is suffering during the expulsion of the membrane, it is very necessary to relieve the pain as far as possible. This, of course, can be most promptly done by the use of opium, which should be avoided if possible, however, because of its after-effects.

Chloral hydrate answers fairly well in some cases. I am not sure that it has any advantages over chloroform, camphor, and belladonna, or conium and *Cannabis indica;* in fact, in the majority of cases, one has an opportunity to try several agents, and, of course, the patient will decide which gives most relief. Indications for general treatment are to quiet all nervous disturbance and to improve the general nutrition of the mucous membrane. It so happens that when the first part is attended to the latter will follow in due order.

To quiet the nervous irritation and disturbance there is nothing that equals the bromide of sodium. This should be given in twenty or thirty-grain doses, three times a day, for ten days or two weeks before the menstrual period. And, if the pain is not severe enough to require the addition of some of the remedies already named to relieve pain, it may be continued throughout the menstrual period and several days after. From this it would appear that the bromide is to be used continuously; but one or two weeks in each month it can be omitted. When the bromide has been employed for some time, and it seems desirable to give it up, conium may be given in moderate doses combined with camphor, if the patient is weak. If there is any evidence of the rheumatic diathesis, the bromide of lithium should be given.

Next to quieting the nervous system, any debility that may exist should be overcome by nerve tonics. Undue nervous excitation so often goes hand in hand with nervous depression that in many cases it is necessary to combine the tonic and sedative treatment.

After subduing all nervous disturbances, I give the patient the iodide of sodium in case she is in fair strength and inclined to flesh. If there is anemia, I prefer the iodide of iron. If these did not accomplish the object, I have employed mercury, giving it in small doses, never continued long enough to produce salivation, carefully watching to avoid this. In cases of anemia where I have feared the debilitating effect of this alterative, I have given the bichloride of mercury with iron. After keeping them upon this treatment until I could see some evidence of its effects, I have then put them upon iodine and arsenic.

In regard to local treatment, I have employed alteratives and sedatives almost exclusively. Of these I have found iodoform most effectual. I have also used iodine and mercury with advantage. In cases where I have found any complications I have carefully attended to them, restoring displacements and correcting flexions, and so on. When the canal of the cervix has been at all constricted I have enlarged it by incision and dilatation.

When the congestion which occurs at the menstrual period does not subside in a few days, I have employed the warm-water douche. After this, I have applied to the cavity of the uterus small bougies of cocoa-butter with as much iodoform as it would take up. Three or four grains of iodoform mixed with vaseline that has been liquefied by heat, and introduced through the pipette, is perhaps the best method of applying it. These have been introduced once a week or once every five days. When there has been much tenderness, and the use of the pencils has caused pain, I formerly used aconite and opium and iodine; this I have introduced into the cavity of the uterus. I am now trying cocaine to subdue the tenderness as a preparatory means to the use of iodoform. But so far this new remedy has not been a perfect success.

In cases where this has failed and the uterus was not especially sensitive to intra-uterine medication, I have instilled into the uterine cavity a few drops of a five-per-cent solution of carbolic acid, making one application a few days after the menstrual flow and not repeating it until the next period. In the interval I have used the iodoform. I have also used the fluid extract of conium and *Hydrastis canadensis;* but this I have found gives more pain than any of the other applications that I have used; and so of late I have used an infusion of the hydrastis alone, which appears to answer as well and gives less pain.

Fistula in Ano.—At the New York Academy of Medicine, Dr. Lange directed attention to one way of treating fistula in ano, namely, cutting the entire canal out and sewing up the wound. In most cases it was a simple procedure, and he would be much obliged if the members of the Society would try it. He had adopted it for the first time about two years before in the case of a woman who had a deep-seated fistula. In that case he had a complete result, and the patient recovered in about fourteen days. He had tried it in a limited number of cases, but he had not succeeded in all; yet he thought that with improved technique the results would become better. So far, at least, the results were encouraging. Having a probe in the canal, he dissected all about the probe and cut the entire fistulous canal away, including some of the tissues surrounding it, and then with a catgut étage suture closed the entire wound, and besides inserted several silk sutures around the whole mass, as after other plastic operations, to relieve tension and to prevent eventual separation of the lips of the wound in consequence of too early absorption of the catgut.

The President said he had performed this operation four times with satisfactory results. In one instance the fistula ran from the labium to the rectum. His first knowledge of the operation was obtained from the "Transactions of the American Gynecological Society," and from a Western surgeon who reported a number of cases.

Dr. Markoe had performed the operation twice by scraping out the fistula, but he had not got good results.

Dr. A. G. Gerster had employed this method in a limited number of cases, and, as Dr. Lange had stated, with some good results and with some failures. He thought the method applicable in cases where the fistula was simple. Where, however, there were several fistulæ crossing each other, as occasionally occurred, and running perhaps in a spiral line around a part of the circumference of the rectum, and where, after removal of all the lining of these different canals, a complicated wound remained, the results had not been very satisfactory, the relations of the wound being such that absolute contact of all the surfaces could not be brought about, and accumulations of secretions with retention in pockets frustrated primary union. But certainly in simple cases, however deep, up to a certain extent, the method was a rational one, and it shortened the time of cure very considerably. (New York Medical Journal.)

Turpentine in Malignant Tumors.—Prof. Vingt, of Barcelona, employs a hypodermic injection consisting of one part of turpentine and two parts of alcohol in carcinoma and sarcoma, and has frequently succeeded (as reported in the *Revista de Ciencias Medicas*) in causing these neoplasms to disappear. A local inflammation with fever, lasting about eight days, was the usual consequence of the injection. (Therapeutic Gazette.)

Rectal Alimentation in Cases of Cancer of the Stomach.—The following formula is much used in the Paris Hospitals:

Beef-soup (concentrated and all the fat removed), . 200 grams;
Extract of cinchona (aqueous), ... 1 gram;
Port wine, ... 20 grams.

To be administered five times a day, per enema.

Notes and Queries.

NOTICE.—On the first day of January, 1886, the AMERICAN PRACTITIONER and the Louisville Medical News will be consolidated under the name of the AMERICAN PRACTITIONER AND NEWS. The journal will be issued as a bi-weekly, and published every other Saturday in each month. It will contain thirty-two double-column pages, thus furnishing the same total of reading matter found in either of the journals which its succeeds. It will preserve the better features of both its predecessors, and it is believed will fill a place and do a work which neither of them—one a monthly, the other a weekly—were capable of doing. It will, as its predecessors, be a journal for the every-day doctor, drawing its inspiration from practitioners, by practitioners, for practitioners. It will be edited by D. W. Yandell, M.D., and H. A. Cottell, M.D. The subscription price is three dollars a year, always in advance.

A CARD FROM THE PUBLISHERS.—The publishers of the American Practitioner and the Louisville Medical News take pleasure in announcing that a consolidation has been effected between these two journals, and, beginning with the 1st of January, they will appear under the title of THE AMERICAN PRACTITIONER AND NEWS.

The new journal will be a bi-weekly, containing thirty-two double-column pages, being issued on every other Saturday. It will be edited by D. W. Yandell, M. D., of the American Practitioner, and H. A. Cottell, M. D., of the Louisville Medical News. The names of these two gentlemen are deemed a sufficient guarantee that the editorial conduct of the journal will be all that experience and good taste can make it.

The American Practitioner has now been before the public sixteen years, and has steadily won its way among the better classes of the profession in all parts of the country.

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ON MEDICAL TREATMENT.—From a recent address by Dr. Samuel Wilks, consulting physician to Guy's Hospital, on this subject (British Medical Journal) he says:

I should be loth to discourage true therapeutics, since the scientific method of treating disease is one great desideratum; but, at the same time, the discovery of a substance which shall act in some powerful manner upon the organism is only a small part that is required. Judging from the immense number of medicines in use, and these daily increasing, one would think that the sole object of the physician was to discover new remedies. In looking over a list lately sent me by a druggist, I counted no less than fifty drugs whose names I had never before heard of, and the multiplication is still going on. It is not medicines which we want, but a better knowledge of how to use those which we already possess.

I constantly hear the opinion expressed, that our knowledge of therapeutics lags far behind our knowledge of physiology

pathology, or clincial medicine. I have no sympathy whatever with this notion, for I believe they all go hand in hand; and if I venture my own individual opinion—and with this perhaps some of you will not agree—I do not wish for any more drugs, for of what good would they be to us? What is the use of putting edged tools into the hands of children who do not know how to employ them? What is the value of a drug, even if we be not uncertain of its action, but have no knowledge of the indications for its use.

I confess, for my own part, that I never pass a week without having inwardly to exclaim: "Thank Heaven! we have no more drugs, and those in use are not so powerful as their administrators would wish." I will explain. I see a lad with pleuritic effusion which has pushed down his liver; the medical man had overlooked the presence of water in the chest, but had discovered the liver below the ribs. He considered this to be enlarged, and gave the boy mercury to reduce it. Now, is it not fortunate that mercury had not the wished for power in reducing a healthy liver to half its size? Again, I see people with osteitis deformans and other cases where the bones are enlarged, and iodide of potassium is almost universally given, but it never does any good. Again I exclaim: "How fortunate is this!" Could iodide of potassium absorb bone, what a responsibility would rest on the medical men who prescribe it, and in what a condition would all the skeletons of civilized people be.

Another example, the hypertrophied spleen. Nearly all patients with this affection are given quinine and iodide and bromide of potassium in order to reduce it. How thankful I am that these attempts are ineffectual; for if these drugs could absorb healthy spleen-structure, what a mass of people would now be spleenless! I have more than once heard a medical man deplore the want of a more powerful styptic in a case of hemorrhage from the lung in heart-disease, and in hemorrhage from the stomach in cirrhotic enlargement of the liver, when Nature was doing her best to relieve the congested

organs. If good liver-tissue, bone-tissue, and spleen-tissue, could be removed in the manner hoped for by the medicines given for the purpose, and if gorged lungs and livers could be stopped from emptying themselves by styptics, is it not a mercy that we have no more powerful drugs? The only compensation I can see for those direful influences would be the compensating power of reproduction by other medicines, in the way of flesh-formers, fat-formers, blood-producers, and the like. For example, a little idiot child is taken to a medical man, who prescribes for it cod-liver oil and phosphate of iron as being the only likely remedies to improve the brain, seeing that phosphorus and fatty matters enter into its composition. Now, if the prescriber had his wish, he would have liked to create some more good cerebal tissue, or to see the brain grow. Supposing he could have done so, consider the gigantic brains and corresponding intellects which it would be in the power of the profession to produce.

The result of all this experience teaches me that we have enough drugs for our present state of medical knowledge. In spite of the enthusiasm of some as to the value of drugs, I think there must be a large amount of skepticism afloat in the minds of the profession; for if, for example, in a case which is believed to be tubercular meningitis, medicine should be given in a most serious mood, and the child recover, the medical man thinks he must have been mistaken in his diagnosis, and the disease could never have existed. He never fails to give medicine, but never expects it to do any good; he has some kind of hope that it may be useful in some other way. Now this is a very curious attitude of the medical mind; to prescribe for a complaint in the hope that it does not exist, or that it is something else.

I think I can show you how an improved treatment has come about, not by the discovery of new drugs, but by a better knowledge of the nature of disease, and by clinical observation. Thousands of persons are now cured of epilepsy, paralysis, and various other nerve disorders, by means of iodide

of potassium; and why? Because syphilis was found to attack the brain and internal organs, when a more extended and closer observation of morbid structures was begun to be made in the *post-mortem* room. Let me most emphatically dwell upon this fact, that an improved treatment, saving thousands of lives annually, arose, not from the discovery of a new drug, but from work in the dead-house. Suppose phthisis is proved to be of bacillary origin, and is to be treated by antiseptics. Where are we to look for the origin of the improved treatment? Not to any new remedies, for they were already at hand, but to the pathological laboratory at Berlin. The cold bath has saved many lives in hyperpyrexia; the remedy had always been before us, but was not put in force until suggested by the thermometer. Look again at the enormous improvement in surgery due to the antiseptic treatment, whereby tens of thousands of lives are now annually saved. This was not due to the discovery of new remedies, but by seeing the necessity for using those which we had. I might go on illustrating the fact that a very large part of the improved treatment of late years has not been by the use of new drugs, but by pathological and clinical researches which have pointed out the use to us of those which we have always before us. It would require a long survey of the practice of medicine to show the proportional advances made in treatment by the introduction of new drugs and by an improved pathological and clinical knowledge. You must judge for yourselves; but for my own part, if I look merely at the two examples I have mentioned, the cure of visceral syphilis by iodide of potassium and antiseptic surgery, and remember how the improved treatment has saved thousands and thousands of lives, I can not but think that the preponderance in favor of pathological and clinical knowledge is overwhelming. It seems to me that, so far from therapeutics lagging behind, we seem to be ever ready with drugs when we require them. A well-known gynecologist told me, the other day, that every rising member in his department had invented a new pessary, but probably there were only one or

two who had the experience to know whether the instrument was wanted or not. The treatment had far outrun pathology and clinical medicine.

I am not saying a word against pharmacology, for I hail with delight the introduction of a drug whose action we know and whose use we have ascertained; and as regards this department of our art, I believe great advance has been made of late years. I have been more than once told by examiners at medical boards that students fail in writing prescriptions. I answer that this is probably true, but that they have learned something better, a knowledge of drugs.

After an examination of the case, the physician asks what is the best treatment to pursue, and if there be any medicine which may be of service to the patient. If it be thought so, a medicine is ordered in its simplicity. The students have thus an opportunity of watching its effects unalloyed with other drugs, and in this way they acquire a positive knowledge of the effects of iodide of potassium, digitalis, belladonna, or arsenic. They know now that quinine is not only a tonic, but an antiseptic and antipyretic.

It is the custom to prescribe a drug for every ailment for which the patient seeks our advice. I am well aware that this is often done to act on the patient's mind, rather than on the supposition that it has any directly curative effect. I believe this is not only legitimate, but right, for human nature requires something to be done on which to rest. None of us are so strong-minded but that, if, while we lay on a bed of suffering, a friend came in, and put something in our mouth, assuring us at the same time that it would do us good, we should not be relieved and feel happier than if we were told we must lie and suffer. I think, however, that when we have prescribed for the patient's mind, we should hesitate before giving him medicine for the sake of his friends. When, for example, a patient is lying unconscious on his bed, and beyond all hope, I feel very reluctant to make him swallow physic for the satisfaction of those around him. If it do him no harm, so much the better;

but how often is the medical man asked to give the patient a narcotic because he does not sleep at night, and the friends are tired of the weary hours? A man, although he obtains snatches of sleep during the day and night which suffice for his necessities, must have an opiate given him because the wife declares that she can not go through another such night.

My belief in remedies goes to this extent, that if the right one for the complaint be given, it is tolerated, and that all good remedies, if not rightly administered, do harm. When, therefore, I hear of a universal remedy like bromide of potassium being given with impunity for any time and in any doses, I do not form a very high opinion of its value.

I believe also that we have a sufficient number of remedies to afford relief in all complaints, even the organic and incurable; therefore, if in any case no medicine be of any good, and the patient say, "I can not take this, and I can not take that," I conclude that he or she has no disease to cure. We thus have a number of patients who are never any better for our treatment, and I am often inclined to reverse the aphorism of Hippocrates, and exclaim: "Life is long but art is short."

THE SURGERY OF 1885.—Prof. Verneuil, of Paris, in a recent address before the Association for the Advancement of Science, placed the following estimate on the surgery of 1885:

He first stoutly maintains that medicine, *in its broadest sense*, is a science, and the most useful as it is the most difficult of all the sciences. While the division between surgery and medicine has been long maintained, he affirms that it is a senseless division, as one can not be a good physician without being a good surgeon, or the reverse. While the world suffers from this state of things, it does its share in maintaining it. He says, plenty of people will say they believe in surgery because it is a positive science. But let one of these persons be afflicted with a surgical affection, will he give all his confidence to the surgeon? Fifteen out of twenty will refuse to have any thing to do with a surgeon. If any person can point out any shadow

of a chance for relief without resorting to operative surgery, they will eagerly grasp at it.

A popular prejudice is that surgical affections can only be cured by violent means, cold steel, hot irons, fire, etc., hence, surgeons are so often called "butchers," "sausage makers," etc. But the fact is that but one fifth of all patients have to submit to any cutting operation, even in the surgical wards.

The number of operations done by any one surgeon is unworthy of consideration. But it is important to inquire, does he operate *too often?*

To prevent the errors of prognosis, surgeons should imitate the public and proclaim that operations will not be performed until *all* other means have failed. Many surgeons do not try every thing. They content themselves by saying, "All the ordinary means have been exhausted," etc. "Often," he says, "have I been struck with the insufficiency of the therapeutical means that have been employed in cases that have come to me. Often I have sent them to the druggist, the bandage-maker, the seaside, or watering places, and have been proud to see them return cured." True, there is less fee for the cure of patients in this way. To the surgeon's pocket it is more profitable to quickly cut off a limb than to laboriously save it. "But, then, with what great prestige is the surgeon surrounded who never recommends useless sacrifices, and what satisfaction is his when the result justifies his advice." "While we are in the humor," he says, "let us confess that some men operate too much. At certain times, and in certain countries, even in our days, the 'prurigo secandi' is a sporadic malady, endemic and epidemic, for which no vaccine has been found. In the seventeenth century transfusion was the rage; in the eighteenth they trepanned any one who fell upon his head, or who was suspected of having more or less cracked his skull. During the wars of the end of the last century and the beginning of this, every broken member was amputated. When I entered the profession, tenotomy was the rage. They cut all the tendons, all the ligaments, all the muscles in all parts of the body, pretending to cure all

sorts of troubles, even stammering and hump-back, bandy-legs, and deafness. Later the resection mania arose. It flourished in England and Germany. When one specialist operated, all operated. When one cut something, all the rest did the same, except a little differently, and with different tools. If some day a museum is founded on instruments, what immense glass cases will be needed to contain the lithotomes, urethratomes, hysterotomes, and other machines in *tome*, including those little instruments intended to cut stenosis of the nasal canal." "There is too much transfusion, too much trepanning, too much tenotomy, too much resection, too much excision of the iris, too much work done in the pelvis of women, and entirely too much promenading of thermo-cautery on man's poor body."

Another trouble with patients is that they want to be assured that their malady will not return again; as if a gardener who pulls up the weeds can say they will not come back.

To himself, Dr. Verneuil says he is constantly repeating: "Surgery is not what a vain people think it is." "Nor," he adds, "is surgery that which surgeons make it."

To the world I would say that they are wrong to consider surgery as a narrow specialty, a sort of precise trade, like clock-making, for instance; also, that they are wrong to insist on surgeons having that infallibility that constructors of machinery have; they are wrong to put their acts in contradiction to their words by judging lightly those things for which their incompetence is notorious. On the other hand, I wanted to say to my brothers that, if they desired to be classed with true, skilled workers, and not remain artisans, they must make light of their manual ability, take little credit for success in operations, but follow, above all, the therapeutic method. Refuse all suggestion of being specialists, and remain modestly within the circle of general medicine. Be, above all, pathologists; extend your knowledge of etiology; try to perfect yourselves in diagnosis and prognosis; and be convinced that the greatest number of cures will come to him who is the best educated and the wisest. Naturally you will follow the supreme end of medicine, cure of

your patients, but you will use more care in the means of cure, prouder of being classed as therapeutists than with operators. You will only arm your hand at the last extremity, after having loyally tried all of nature's remedies; when convinced of the impotence of all the hygienic and pharmaceutical agents; when the necessity of intervention is proved. Then always decide for the least dangerous of operations. "As between rival operations, put in the first rank efficacy; second, gentleness; third, facility." Always know how to refuse an operation. But you say my neighbor will operate. Let him do so. Most likely it will be a failure. He will pocket the money, but you will gain the esteem. "To furnish the world with honest surgeons is my design. It is all the same to me to hear that in London, Vienna, or New York, they operate more or better than they do in Paris, so long as they add that in the latter city they cure oftener and kill a little less."

"Happy will be the surgeon who has no operating case, and knows how to cure his patient without it. I hope some day, thanks to progress, that surgery may cease to shed blood and to cause tears to flow."

BEDS, BEDSTEADS, AND BEDDING.—Daniel Wilhelm Triller (Frankfort, in 1774,) enumerates all the parts played by beds in man's life, and remarks: "Man is engendered in bed, and there, also, begets other men; he is born in bed, he sleeps and wakes in bed, there he dreams, meditates, enjoys divine pleasures, suffers agonies, and dies."

The subject of beds has been extensively discussed by early medical writers. The cradle was the first dwelling-place of man, and is symbolic of the perpetuity of the generations yet to come, and, as has been remarked by a celebrated modern writer, "It is the pivot of domestic life, the center of hopes and joys. Poets have sung its praises from the earliest dawn of civilization. Among the ancients it and the nuptial couch, *lectus genialis*, were viewed with pious awe and respect, as they were emblems of human fecundity."

Crib-rocking goes back to most ancient times, and in Rome was a special profession. The *Dea Cunina* was the goddess who presided over rocking-cradles. Babies were rocked from primitive times to put them to sleep. It has been a bitterly and often hotly contested question among ancient and modern physicians as to whether cradle-rocking was injurious to children. In the mean time the baby still enjoys the rocking, and appears to be happy.

Brouzet (1754) was the champion antagonist that babies ought not to be rocked. He did not believe in mercenary nurses, who rocked cribs violently, and often produced vomiting in infants. Brouzet insisted that children's cribs should be fastened with irons to the floor to prevent the nurse from attempting to rock, and claims that infants deprived of rocking-cradles thrive just as well as those who are rocked, and even better, that such undulating motion is not a natural need of man. Laurant Joubert (1578) declaimed against monotonous singing and crowing over rocking-cradles, as was done by the *cunariæ* of ancient Rome. Jean Jacques Rousseau remarked, "That the only habit allowable for an infant is the habit of not contracting any bad habits."

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The first bed of savage man was dry leaves and animal skins. Egyptian and Assyrian beds are well known from bas reliefs; they were ornamental, with head-boards and foot-boards richly ornamented, and even much more luxurious than those of modern people. Nero's bed in his Roman palace cost 400,000 sesterces, or in the neighborhood of $175,000; this was, probably, the most extravagant bed ever constructed. The alcove into which the head of the bed fits is very ancient and *very unhealthy*. Sanitation should discourage architects from constructing alcoves in bed-chambers, because such nooks are not only dark, but prevent ventilation in and about a bed and bed-clothing. Rich draperies, golden ornamentation, luxurious covers, and eider-down wraps were common in Egypt, Assyria, Greece, and Ancient Rome. The bed of the Middle Ages was

an enormous structure, and the greatest sign of amity was to invite your most beloved friend to sleep with you. After the battle of Druex, in 1562, Francis of Guise shared his bed with his prisoner, Prince of Yonde.

An Egyptian painting of Ramses II (almost contemporaneous with Moses) shows that, in ancient times, the mattresses were embroidered in an exquisite manner. Heliogabalus slept on partridge-feather mattresses, which were frequently changed. Among the ancients, feather coverings were used in winter, and wools and linen in summer. (T. C. M., in Cincinnati Lancet and Clinic.)

How to Advance Medicine.—Advance in medicine must be looked for by a better insight into the causes of disease; by a study of pathology in its very widest signification, which shall include not only morbid anatomy, but all those changes in the blood and nervous system which often constitute the *fons et origo mali*. These causes may be found to be of a specific nature, or to exist in the ordinary surroundings of our lives. Of whatever kind they may be, a discovery of their detrimental influence will lead to the means of their removal.

Then, again, much success may be hoped for on making a more complete study of diseases when actually running their course before us, by observing which are the favorable and which the unfavorable circumstances which determine the issue of the case; and not only the surroundings should be noted, but the meaning of the symptoms should be investigated, so as to discover which to encourage and which to oppose.

When we have arrived at some knowledge acquired by these means, the action of drugs may be considered, and the conditions which suggest their employment. As I have before said, it is by no means sufficient to know the physiological action of a medicine, but rather how it will exert an influence on various pathological phenomena. To quote again the instance of digitalis, we require to know not only its action on a healthy heart and arteries, but what power it exerts on quickly acting hearts, for whose correction we now see it daily given.

In upholding these views, I am of necessity protesting against the so-called popular theory, that diseases are so many entities, whose symptoms are to be relieved by some drug; or, as I have seen it expressed in a book on the most widespread heresy of the day, that since it has pleased the Almighty to visit his children with various ailments, so he has provided in the herbs of the field some remedy for their cure. This is both an untruth and an absurdity; or, as a member of Parliament declared in the House of Commons, when denouncing restrictions on medical practice, that all collegiate training was useless, the medical art being a gift with which some persons were naturally endowed. It need scarcely be said that he was the patron of the most flourishing quack in the country. If medicine is a branch of science, it must be studied in the same way as other sciences, by observation and experiment. There must first be a study of anatomy and physiology; then a study of disease, as seen in the living subject, and in its results on the dead; then, again, an investigation into the action of remedies of all kinds, and their suitability to the amelioration of morbid states; efficient treatment can only follow by a complete adoption of all these methods. By making it the result of a scientific procedure, we are assisting to stay the degeneracy of medicine, which is ever apt to constitute treatment the very foundation of our art, the alpha as well as omega. (Dr. Wilkes, in Brit. Med. Jour.)

THE INTERNATIONAL CONGRESS.—The Medical Times and Gazette says:

Those of our English readers who have followed with painful interest the course of the struggle now in process in America with regard to the Washington Medical Congress of 1887 will be amused to hear that the new Executive Committee of the Congress have resolved that their actions "*are final, not being subject to revision, amendment, or alteration by either the Committee of Arrangements or the American Medical Association.*" The astuteness of that resolution is as remarkable as the irony of it is delicious. If the orginal committee had only been wise enough,

before the event, to have adopted such a decision, there would have been none of the dissensions which have so terribly distracted the American profession. The resolution is at once a slap in the face to the American Medical Association and a sneer at the original committee of eight, as if to say, "Why, what idiots you were, not to have thought of this!" And yet it is at the same time a score to the original committee and its supporters in that it is a justification of their action in resenting the interference of the Association with their decisions. Meanwhile we hear affairs are *in statu quo.* The resignation of Dr. Dalton, the chairman of the physiological section, which has happened since we last wrote on the subject, leaves the organization of the Congress without a single really scientific representative, if we except the Flints and Dr. N. S. Davis. If the meeting is held, the sections of anatomy, physiology, and pathology will not be attended by any of the Amercan workers in those fields. There is, we fear, little hope now of an arrangement. All the prominent American men of science have withdrawn, and will not return unless very considerable concessions are made, of which there appears no hope. The *Berliner klinische Wochenschrift* this week roundly states that hardly a single "medical personage" will be found to undertake the voyage from Germany for the privilege of sitting under the presidency of Dr. Shoemaker. It makes, however, a strong appeal to the American Medical Association to approach the subject in a more wise and generous spirit when its next spring assembly takes place, and to re-arrange its propositions in such a manner that the services of the leaders who were nominated in the first instance may still be made available. In the absence of such a re-arrangement, our Berlin contemporary expresses a decided opinion, which we can heartily indorse, that the Congress of 1887 will be foredoomed to dismal failure. The whole thing is a bad business. It is an awkward position, for it must be remembered that the Washington Congress will have to make arrangements for the succeeding meeting. Suppose Dr. Shoemaker and his friends decide that the Congress of 1890 shall be held in Texas!

THE TREATMENT OF INFLAMMATION OF THE VAGINA.—According to the *Union Médicale*, M. de Sinéty recommends the following liniment:

Subnitrate of bismuth,	90 grains;
Crystallized carbolic acid,	15 "
Glycerine,	6 drams;
Distilled water,	3 ounces.

Cotton tampons soaked in the mixture are to be introduced into the vagina. They may likewise be moistened with coal-tar or covered with the following ointment:

Pyrogallic acid,	150 grains;
Starch,	225 "
Vaseline,	1½ ounce.

At least two applications should be made daily, and care should be taken to carry the tampons to the very top of the vaginal *culs-de-sac*. They must be carefully free from all excess of either liniment or ointment, as it would run out upon the vulva and create unnecessary pain. (N. Y. Medical Journal.)

CAUSTIC CRAYONS.—Moser's formula (*Union Médicale*) is given as follows:

Powdered charcoal,	1 ounce;
Nitrate of potassium,	1 dram;
Porphyrized iron,	75 grains;
Benzoin,	15 "

Add enough adhesive powder to make forty crayons. These crayons are hard, light easily, and produce immediate cauterization, so that they are suitable for the treatment of poisoned wounds. (*Ibid.*)

AN INJECTION FOR PARALYSIS OF THE BLADDER.—The *Union Médicale* credits the following formula to Dumreicher:

Extract of nux vomica,	3 to 6 grains;
Distilled water,	6 ounces.

One sixth of the whole is to be injected into the bladder every

day, and retained for an hour. At the same time, electricity may be used with advantage, and micturition is to be regulated as much as possible, the urine being passed every four hours. (*Ibid.*)

INSANITY AMONG FEMALE PHYSICIANS.—The *Lyon Mèdical* makes the remarkable statement that statistics show the disastrous effects of medical study on the intellectual faculties of woman. In the year 1881, it appears from the census, there were twenty-five women practicing medicine in England, and our contemporary thinks that the number has undoubtedly increased since that time. From 1880 to 1884, eight had been placed in lunatic asylums, and at the close of last year three were under treatment.

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